MLH2 verified statement 030321

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

IN RE	)	**Case No. 21-20110**
	)	
McELRATH LEGAL HOLDINGS, LLC,	)	**Chapter 11**
	)	
Debtor.	)	**Document No.**

VERIFIED STATEMENT REGARDING UNAVAILABILITY OF STATEMENT OF OPERATIONS, CASH-FLOW STATEMENT, AND FEDERAL TAX RETURN PURSUANT TO ORDER ESTABLISHING CASE MANAGEMENT DEADLINES FOR SUBCHAPTER V SMALL BUSINESS CASE

Attached is a verified statement as to the unavailability of current statement of operations, cash-flow statement, and federal tax return pursuant to order establishing case management deadlines for subchapter v small business case.

Respectfully submitted,

Executed on March 3, 2021

/s/ Gary W. Short

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IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

IN Re:	)	
	)	Case No. 21-20110
McElrath Legal Holdings, LLC,	)	
	)	Chapter 11
Debtor.	)	

VERIFICATION

Debtor, McElrath Legal Holdings, LLC ("Debtor") does not have a current balance sheet, statement of operations, or cash flow statement. Debtor is not required to file federal income tax returns. The most recent profit and loss information for the Debtor is set forth in a summary of monthly operating reports from the Debtor's prior chapter 11 (16-22568). This summary is attached. Debtor's profit and loss information is reported on Schedule C of the personal tax return of Paul W. McElrath, Jr., the sole owner and managing member of the Debtor. Attached is a copy of Paul McElrath's last filed federal income tax return which is for tax year 2014. The Schedule C to the return shows profit and loss information for the Debtor.

I. Paul W. McElrath, Jr., declare and verify under penalty of perjury that the foregoing is true and correct. Executed on January 20, 2021.

/s/ Paul W. McElrath, Jr.
Paul W. McElrath, Jr.
Managing Member of McElrath Legal Holdings, LLC

COPY

Form **1040** Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return **2014** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning , 2014, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
PAUL W	MCELRATH	[redacted]-6717
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
		[redacted]-0030
Home address (number and street). If you have a P.O. box, see instructions. 116 LAKE FOREST ROAD	Apt. no.	Make sure the SSN(s) above and on line 6c are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). VENETIA PA 15367		Presidential Election Campaign
Foreign country name	Foreign province/state/county / Foreign postal code	Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☒ Married filing separately. Enter spouse's SSN above and full name here. ▶ MICHELLE MCELRATH
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a — Boxes checked on 6a and 6b: 1
b ☐ Spouse

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instructions)
			☐
			☐
			☐
			☐

No. of children on 6c who: • lived with you ____ • did not live with you due to divorce or separation (see instructions) ____
Dependents on 6c not entered above ____

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed — Add numbers on lines above ▶ 1

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	65,417.
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a — 8b		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends — 9b		
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	-198,611.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions 15a — b Taxable amount	15b	
16a	Pensions and annuities 16a — b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits 20a — b Taxable amount	20b	
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	-133,194.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	-133,194.

Form 1040 (2014) Page 2

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	-133,194.
39a	Check if: ☐ You were born before January 2, 1950, ☐ Blind. ☐ Spouse was born before January 2, 1950, ☐ Blind. Total boxes checked ▶ 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☒		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	7,494.
41	Subtract line 40 from line 38	41	-140,688.
42	Exemptions. If line 38 is $152,525 or less, multiply $3,950 by the number on line 6d. Otherwise, see instructions	42	3,950.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instructions). Check if any from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46 ▶	47	0.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶	56	0.

Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,200 Married filing jointly or Qualifying widow(er), $12,400 Head of household, $9,100

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage ☒	61	
62	Taxes from: a ☐ Form 8959 b ☐ Form 8960 c ☐ Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax ▶	63	0.

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	9,273.
65	2014 estimated tax payments and amount applied from 2013 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a ☐ 2439 b Reserved c Reserved d ☐	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments ▶	74	9,273.

If you have a qualifying child, attach Schedule EIC.

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	9,273.
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here ▶ ☐	76a	9,273.
b	Routing number X X X X X X X X X ▶ c Type: ☐ Checking ☐ Savings		
d	Account number X X X X X X X X X X X X X X X X X		
77	Amount of line 75 you want applied to your 2015 estimated tax ▶ 77		

Direct deposit? See instructions.

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		ATTORNEY	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if	PTIN

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at *www.irs.gov/schedulea*.
▶ Attach to Form 1040.

OMB No. 1545-0074
2014
Attachment Sequence No. 07

Name(s) shown on Form 1040: PAUL W MCELRATH

Your social security number: [redacted]-6717

Medical and Dental Expenses		**Caution.** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	4,786.		
	2	Enter amount from Form 1040, line 38 [2] -133,194.				
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3	0.		
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	4,786.
Taxes You Paid	5	State and local (check only one box): a ☒ Income taxes, or b ☐ General sales taxes	5	2,708.		
	6	Real estate taxes (see instructions)	6			
	7	Personal property taxes	7			
	8	Other taxes. List type and amount ▶	8			
	9	Add lines 5 through 8			9	2,708.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10			
Note. Your mortgage interest deduction may be limited (see instructions).	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11			
	12	Points not reported to you on Form 1098. See instructions for special rules	12			
	13	Mortgage insurance premiums (see instructions)	13			
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14			
	15	Add lines 10 through 14			15	
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16			
If you made a gift and got a benefit for it, see instructions.	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	17			
	18	Carryover from prior year	18			
	19	Add lines 16 through 18			19	
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21			
	22	Tax preparation fees	22			
	23	Other expenses—investment, safe deposit box, etc. List type and amount ▶	23			
	24	Add lines 21 through 23	24			
	25	Enter amount from Form 1040, line 38 [25]				
	26	Multiply line 25 by 2% (.02)	26			
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ▶			28	

Form **6198**
(Rev. November 2009)
Department of the Treasury
Internal Revenue Service

At-Risk Limitations

▶ Attach to your tax return.
▶ See separate instructions.

OMB No. 1545-0712
Attachment Sequence No. 31

Name(s) shown on return: PAUL W MCELRATH
Identifying number: [redacted]-6717

Description of activity (see page 2 of the instructions): Sch C MCELRATH LEGAL HOLDINGS LLC

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-198,611.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	( )
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-198,611.

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	200,000.
8	Add lines 6 and 7	8	200,000.
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8 ▶ 10a 200,000.		
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	10b	200,000.

Part III Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. **Do not** enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies): a ☐ At effective date. Subtract line 14 from line 13. Do not enter less than zero. b ☐ From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies): a ☐ Effective date b ☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies): a ☐ Effective date b ☐ The end of your prior year	18	
19a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	**Amount at risk.** Enter the larger of line 10b or line 19b	20	200,000.
21	**Deductible loss.** Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See page 8 of the instructions to find out how to report any deductible loss and any carryover	21	(198,611.)

Note: *If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity*

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at *www.irs.gov/schedulec*.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2014

Attachment Sequence No. 09

Name of proprietor: PAUL W MCELRATH

Social security number (SSN): [redacted]-6717

A Principal business or profession, including product or service (see instructions): ATTORNEY; LEGAL SERVICES

B Enter code from instructions ▶ 5 4 1 1 0 0

C Business name. If no separate business name, leave blank.: MCELRATH LEGAL HOLDINGS LLC

D Employer ID number (EIN), (see instr.): [redacted] 0 5 4 5

E Business address (including suite or room no.) ▶ 432 BOULEVARD OF THE ALLIES
City, town or post office, state, and ZIP code: PITTSBURGH, PA 15219

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2014? If "No," see instructions for limit on losses . ☒ Yes ☐ No

H If you started or acquired this business during 2014, check here ▶ ☐

I Did you make any payments in 2014 that would require you to file Form(s) 1099? (see instructions) . ☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099? . ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	1,150,928.
2	Returns and allowances	2	7,165.
3	Subtract line 2 from line 1	3	1,143,763.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	1,143,763.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	1,143,763.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	158,341.	18	Office expense (see instructions)	18	3,229.
9	Car and truck expenses (see instructions)	9	23,529.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	455.
12	Depletion	12		b	Other business property	20b	35,393.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	13,153.
				22	Supplies (not included in Part III)	22	11,937.
				23	Taxes and licenses	23	44,275.
14	Employee benefit programs (other than on line 19)	14		24	Travel, meals, and entertainment:		
15	Insurance (other than health)	15	6,883.	a	Travel	24a	150.
16	Interest:			b	Deductible meals and entertainment (see instructions)	24b	147.
a	Mortgage (paid to banks, etc.)	16a		25	Utilities	25	50,339.
b	Other	16b		26	Wages (less employment credits)	26	509,487.
17	Legal and professional services	17	3,440.	27a	Other expenses (from line 48)	27a	481,616.
				b	Reserved for future use	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	1,342,374.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-198,611.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: ____ and (b) the part of your home used for business: ____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	-198,611.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

32a ☐ All investment is at risk.
32b ☒ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35 ~~Inventory at beginning of year. If different from last year's closing inventory, attach explanation~~	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

See Additional Vehicle Information

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ ____________

44 Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:

a Business ____________ b Commuting (see instructions) ____________ c Other ____________

45 Was your vehicle available for personal use during off-duty hours? . . . ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . ☐ Yes ☐ No

47a Do you have evidence to support your deduction? . . . ☐ Yes ☐ No

b If "Yes," is the evidence written? . . . ☐ Yes ☐ No

Part V ~~Other Expenses. List below business expenses not included on lines 8–26 or line 30.~~

AMORTIZATION	20,000.
BANK/CREDIT AND COLLECTION CHARGES	10,346.
CONTINUING EDUCATION	633.
LEGAL/FILING FEES	194,497.
OUTSIDE SERVICES	46,107.
POSTAGE AND DELIVERY	19,533.

90,434

PAUL W MCELRATH [redacted]-6717 1

Additional information from your 2014 Federal Tax Return

Schedule C (ATTORNEY; LEGAL SERVICES): Profit or Loss from Business
Line 21 Itemization Statement

Description	Amount
JANITORIAL	9,456.
R&M	3,697.
Total	13,153.

Schedule C (ATTORNEY; LEGAL SERVICES): Profit or Loss from Business
Additional Vehicle Info Continuation Statement

Date Placed in Service	Business Miles	Other Miles	Available for Off Duty Hours?	Other Vehicle Available?	Evidence to Support Dedn?	Is Evidence Written?
08/01/2013	3,200	0	No	Yes	Yes	Yes
08/01/2013	18,500	0	No	Yes	Yes	Yes
08/01/2013	10,500	0	No	Yes	Yes	Yes
08/01/2013	1,250	0	No	Yes	Yes	Yes

MLH2 Financial date for petition

Most Recent Income and Expense Summaries

Source - Summary of information from monthly operating reports for July, 2016 through February, 2017, from case no. 16-22568 CMB

Month	Income	Expenses	Profit (Loss)
July 2016	53,918.85	24,863.31	29,055.54
Aug. 2016	84,500.00	71,148.09	13,351.91
Sept. 2016	67,785.10	78,389.68	(10,604.58)
Oct. 2016	65,919.82	55,155.99	10,763.83
Nov. 2016	54,331.31	59,135.76	(4,804.45)
Dec. 2016	69,983.86	54,412.62	15,571.24
Jan. 2017	81,485.95	61,624.23	19,8860.72
Feb. 2017	66,235.79	52,683.40	13,552.39
Total	544,160.68	457,413.08	86,747.60
Monthly Average	68,020.00	57,176.63	10,843.38

Miscellaneous:

21-20110 McElrath Legal Holdings, LLC

Type: bk | Chapter: 11 v | Office: 2 (Pittsburgh)
Assets: y | Case Flag: Subchapter_V, SmBus, DsclsDue, PlnDue

U.S. Bankruptcy Court

WESTERN DISTRICT OF PENNSYLVANIA

Notice of Electronic Filing

The following transaction was received from Gary William Short entered on 1/20/2021 at 11:45 AM EST and filed on 1/20/2021

Case Name: McElrath Legal Holdings, LLC
Case Number: 21-20110
Document Number: 6

Docket Text:
Tax Information for the Year for 2014 Filed by Debtor McElrath Legal Holdings, LLC (Short, Gary)

The following document(s) are associated with this transaction:

Document description: Main Document
Original filename:MLH2 tax info read.pdf
Electronic document Stamp:
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21-20110 Notice will be electronically mailed to:

Office of the United States Trustee
ustpregion03.pi.ecf@usdoj.gov

~~Gary William Short on behalf of Debtor McElrath Legal Holdings, LLC~~
garyshortlegal@gmail.com, gwshort@verizon.net

Jodi Hause, on Behalf of the United States Trustee by on behalf of U.S. Trustee Office of the United States Trustee
jodi.hause@usdoj.gov, David.A.Berry@usdoj.GOV;Steven.W.Albright@usdoj.GOV

21-20110 Notice will not be electronically mailed to:

Miscellaneous:

21-20110 McElrath Legal Holdings, LLC

Type: bk Chapter: 11 v Office: 2 (Pittsburgh)
Assets: y Case Flag: Subchapter_V, SmBus, DsclsDue, PlnDue

U.S. Bankruptcy Court

WESTERN DISTRICT OF PENNSYLVANIA

Notice of Electronic Filing

The following transaction was received from Gary William Short entered on 1/20/2021 at 11:48 AM EST and filed on 1/20/2021
Case Name: McElrath Legal Holdings, LLC
Case Number: 21-20110
Document Number: 7

Docket Text:
Verified Statement *regarding unavailability of financial information* Filed by Debtor McElrath Legal Holdings, LLC (Short, Gary)

The following document(s) are associated with this transaction:

Document description: Main Document
Original filename:MLII verification final for filing.pdf
Electronic document Stamp:
[STAMP bkecfStamp_ID=1000342144 [Date=1/20/2021] [FileNumber=25568944-0] [4fe14863e7c0b6724fc3fdaa7a65b77688628c0b983a49711a88e740d5065e4249 bab4f3f8406344bad8bd0fb6d85f92515f9105124101455fe60c9282413c58]]

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